

Attorney's Docket No. 3202R

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**COMBINED DECLARATION AND POWER OF ATTORNEY**  
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: *(check one applicable item below)*

☒ original                      ☐ design                      ☐ supplemental  
☐ divisional                      ☐ continuation                      ☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

MULTIFUNCTIONAL DISPERSANTS

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insert title above

**SPECIFICATION IDENTIFICATION**

the specification of which: *(complete (a), (b) or (c))*

(a) ☒ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title..

(b) ☐ was filed on \_\_\_\_\_ as ☐ Serial No. 0/\_\_\_\_\_ or

☐ Express Mail No. \_\_\_\_\_, ☐ and was amended on \_\_\_\_\_ *(if applicable)*.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

David M. Shold, 31,664  
Samuel B. Laferty, 31,537  
Teresan W. Gilbert, 31,360

Michael F. Esposito, 29,506  
Joseph P. Fischer, 31,758  
Jeffrey F. Munson, 45,705

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SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION  
Patent Dept. - Patent Administrator-022B  
29400 Lakeland Boulevard  
Wickliffe, OH 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

David M. Shold  
(440) 347-1601

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**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

Full name of sole or first inventor

Craig D. Tipton  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature *Craig D. Tipton*

Date 8-21-03 Country of Citizenship U.S.A.

Residence Perry, Ohio  
(city and state or foreign country)

Post Office Address 3595 Call Road  
Perry, OH 44081

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Full name of second joint inventor, if any

Shreyasi  Lahiri  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature *Shreyasi Lahiri*

Date 8/21/03 Country of Citizenship U.S.A.

Residence Mentor, Ohio

Post Office Address 7676 Fairview Avenue  
Mentor, OH 44060

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Full name of third joint inventor, if any

Inventor's signature Mr. R. B. D.

Date 8/21/03 Country of Citizenship U.S.A.

Residence Lyndhurst, Ohio

Post Office Address 1228 Brainard Road  
Lyndhurst, OH 44124

Full name of fourth joint inventor, if any

\_\_\_\_\_  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

[ ] Signature for fifth and subsequent joint inventors. *Number of pages added* \_\_\_\_.

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application or for claiming priority from a provisional application.

[ ] Number of pages added \_\_\_\_\_.

\* \* \* \* \*

*If no further pages form a part of this Declaration then end this Declaration with this page and check the following item*

☒ This declaration ends with this page